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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

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|------------------------|------------------|
| Application Number | 09/877,635 |
| Filing Date | June 8, 2001 |
| First Named Inventor | Herron et al. |
| Group Art Unit | 1641 |
| Examiner Name | G. Gabel |
| Attorney Docket Number | 0274.02-3278.2US |

| ENCLOSURES (check all that apply) | | | | |
|---|---|--|---------|---|
| <input checked="" type="checkbox"/> Postcard receipt acknowledgment <input checked="" type="checkbox"/> Duplicate copy of this transmittal sheet in the event that additional filing fees are required under 37 C.F.R. § 1.16 <input type="checkbox"/> Preliminary Amendment <input checked="" type="checkbox"/> Response to Restriction Requirement and Preliminary Amendment <input type="checkbox"/> Amendment in response to office action dated <input type="checkbox"/> Amendment under 37 C.F.R. § 1.116 in response to final office action dated <input type="checkbox"/> Additional claims fee - Check No. in the amount of \$ <input type="checkbox"/> Letter to Chief Draftsman and copy of FIGS. with changes made in red <input type="checkbox"/> Transmittal of Formal Drawings <input type="checkbox"/> Formal Drawings (sheets) | <input type="checkbox"/> Information Disclosure Statement, PTO/SB/08A (08-00); <input type="checkbox"/> copy of cited references <input type="checkbox"/> Supplemental Information Disclosure Statement; PTO/SB/08A (08-00); copy of cited references and Check No. in the amount of \$180.00 <input type="checkbox"/> Associate Power of Attorney <input checked="" type="checkbox"/> Petition for Extension of Time and Check No. 3344 in the amount of \$200.00 <input type="checkbox"/> Petition <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Other Enclosure(s) (please identify below): | | |
| <table border="1"> <tr> <td>Remarks</td> </tr> <tr> <td>The Commissioner is authorized to charge any additional fees required but not submitted with any document or request requiring fee payment under 37 C.F.R. §§ 1.16 and 1.17 to Deposit Account 20-1469 during pendency of this application.</td> </tr> </table> | | | Remarks | The Commissioner is authorized to charge any additional fees required but not submitted with any document or request requiring fee payment under 37 C.F.R. §§ 1.16 and 1.17 to Deposit Account 20-1469 during pendency of this application. |
| Remarks | | | | |
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|-------------------------|-------------------|-------------------------|
| Firm or Individual name | Brick G. Power | Registration No. 38,581 |
| Signature | | |
| Date | November 19, 2002 | |

CERTIFICATE OF MAILING

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